



4362 Peachtree Rd.  
Atlanta GA 30319  
Main 404-637-0500  
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www.brookhavenga.gov

# 2016 CITY OF BROOKHAVEN OCCUPATIONAL TAX RENEWAL

**\*\*PLEASE COMPLETE FRONT & BACK OF THIS APPLICATION. TO AVOID INTEREST & PENALTIES, RETURN NO LATER THAN APRIL 30, 2016. PLEASE MAIL PAYMENT WITH THIS RETURN\*\***

ACCOUNT NO: \_\_\_\_\_

NAICS: \_\_\_\_\_

TAX CLASS: \_\_\_\_\_

Business/Corporate Name and Mailing Address:

Business/DBA Name and Location:

E-MAIL: \_\_\_\_\_

Phone Number: \_\_\_\_\_

BUSINESS DESCRIPTION: \_\_\_\_\_

E-Verify #: \_\_\_\_\_

**(Required for businesses with more than 10 employees, otherwise please mark "Exempt")**

**To register for e-verify please go to [www.dhs.gov/e-verify](http://www.dhs.gov/e-verify)**

**TABLE 1: 2015 GEORGIA GROSS RECEIPTS & EMPLOYEES**

2015 Actual Gross Receipts <b>(If less than the \$20,000 deduction put "20,000")</b>	(A)	\$
2015 Estimated Gross Receipts	(B)	
Gross Receipts Adjustment = <b>Line A - Line B (+ or -)</b>	(C)	\$
Tax Adjustment = <b>Line C x Tax Class (+ or -)</b>	(D)	\$
2015 Actual Employees	(E)	
2015 Estimated Employees	(F)	
Employee Adjustment = <b>Line E - Line F (+ or -)</b>	(G)	
Employee Fee Adjustment = <b>Line G x Emp Rate(+ or -)</b>	(H)	
Total Adjustment = <b>Line D + H (+ or -)</b>	(I)	\$

**TABLE 2: 2016 ESTIMATED GEORGIA GROSS RECEIPTS & EMPLOYEES**

2016 Estimated Gross Receipts	(1)	\$
Taxable Gross Receipts = <b>Line 1 - \$20,000</b> <b>(If less than \$0.00 put "0")</b>	(2)	\$
Current Year Fee = <b>Line 2 x</b>	(3)	
Estimated No. of Employees _____ x Employee Rate <b>(At least one)</b>	(4)	
Administrative Fee	(5)	<b>\$125</b>
2016 Tax Amount Due <b>(Add lines 3, 4, &amp; 5)</b>	(6)	\$
Previous Year Adjustment <b>(Table 1 Line I) (+ or -)</b>	(7)	\$
Total Amount Due = <b>Line 6 + 7</b>	(8)	\$
Penalty (10% of line 8) <b>(If Paid After April 30<sup>th</sup>)</b>	(9)	\$
Interest (1% of Line 8 x # of months late) <b>(If Paid After April 30<sup>th</sup>)</b>	(10)	\$
<b>GRAND TOTAL DUE (Add Lines 8-10)</b>	(11)	\$

**\*(+ or -) means calculation could be positive or negative**



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Professional practitioners described in O.C.G.A. 48-13-19 [c] may elect to pay \$400.00 per practitioner or a business and occupational tax based on gross receipts (Gross Receipts Method) stated above. If you elect to pay \$400.00 per practitioner, you are not required to report gross receipts. (Note: If your company utilized the Gross Receipts Method for prior years reports of estimates and actual, no fee/tax adjustment will be made regarding those prior periods.) If you decide to pay the \$400.00 per practitioner fee, please complete the table below.

Practitioners typically refer to businesses that are regulated by the State (e.g. physicians, attorneys, CPA's, engineers, architects, etc). Cosmetology licenses are not considered practitioners. Please refer to O.C.G.A. 48-13-9 for further information.

**TABLE 3: PRACTITIONERS**

**# of Practitioners**

**Fee**

I elect to pay the per practitioner fee for 2014 \_\_\_\_\_ X \$400.00 = \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

Has your business closed or moved outside the city limits of Brookhaven? If so, please complete the table below and Table 1 asking for gross receipts and employee number and return the form to us.

**TABLE 4: CLOSED/MOVED BUSINESSES**

( ) Closed Business

( ) Moved outside of Brookhaven city limits

Phone: \_\_\_\_\_ Date Moved/Closed: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

**MUST BE SIGNED & NOTARIZED BELOW**

This application must be executed under oath and notarized. I, \_\_\_\_\_, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expire December 31 and must be renewed annually.

**Are you a United States citizen?** ☐ Yes ☐ No

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Position** \_\_\_\_\_ **Date** \_\_\_\_\_